

STATE OF MICHIGAN
87 C - DISTRICT DIVISION
PROBATION DEPARTMENT
CRAWFORD
MAIL TO: PROBATION DEPARTMENT
Crawford
200 W Michigan Ave
Grayling MI 49738
(989) 344-3252

PROBATION SUPERVISION REPORT

PERSONAL INFORMATION

Full Name: Richard A. Calice Jr.
Mailing Address: 10 Ringleaf Ct
Street: _____
City Hunt Valley State MD Zip 21030
Phone: 248-506-2138

Case Number: 15-11610-Sm-1
Original Amount Due: \$710
Your Scheduled Monthly Payment N/A
Amount Enclosed N/A
Balance Due \$0

☐ **This is a New Address**

With Whom Do You Live? Borowiecki & Associates Name of Company? Aunt & Uncle
What Hours Do You Work? Exempt Hourly Rate or Salary Amount \$76,800

Are You Receiving Unemployment or Other Benefits: ☐ Yes ☒ No
If yes, give benefit and amount per month _____

Have You Been Arrested Since Last Report? ☐ Yes ☒ No
If yes, give date, county where it occurred and arresting agency _____

Are You Currently in Jail ☐ Yes ☒ No Where? _____

Are You Currently in Residential Treatment? ☒ Yes ☒ No Where? Outpatient Counseling

Have You Completed Alcohol Highway Safety Class? _____

If yes, give location _____ Instructor _____

Are You in Outpatient Counseling? ☒ Yes ☐ No Intensive Outpatient Counseling ☐ Yes ☒ No What Agency? _____

Counselor's Name Gina DeLeonardis, LCSW-C

When was your last session? 3/17/2016 When is your next session? as needed

Have You Completed All of Your Required Classes? ☒ Yes ☐ No What is the Name of the Class? _____

Instructor: _____

Comments

Signature: R. Tony Calice Jr. Date: 5/8/2016

Please check if you need: ☐ Forms ☐ Balance Information